



INFIRMARY
HEALTH

COMMUNITY
HEALTH NEEDS
ASSESSMENT
2016-2018

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EXECUTIVE SUMMARY

The Patient Protection and Affordable Care Act (ACA), signed into law on March 23, 2010, created new requirements for not-for-profit hospitals including a requirement for a Community Health Needs Assessment (CHNA) to be completed every three years. This CHNA process was conducted under the direction of Infirmity Health and facilitated by Ascendant Healthcare Partners (AHP) to meet the CHNA requirement for 2016-18.

The framework used was a community-driven strategic planning process for improving community health with the goal to identify and prioritize health issues. Infirmity Health completed this process of the data to assess overarching themes and health issues. The 2016 Community Health Priorities for the two county community of Baldwin and Mobile Counties are:

Healthy Weight Access to Care

In addition to these, the following have been identified as health issues in the individual counties:

Mobile County: Mental Health Baldwin County: Cancer Detection and Education

An implementation strategy that will address each of these issues is currently in development. The strategy will seek to leverage valuable partnerships and resource allocation, collaboration with partners for collective impact while deploying specific interventions within the community. The outcomes and results of these interventions will be followed and re-examined in preparation for the next CHNA scheduled for completion in Spring 2019.

INTRODUCTION

The Community Health Needs Assessment (CHNA) has been conducted by Infirmiry Health to understand the needs and resources within our communities and to guide our strategy. Several environmental factors are driving the need to review our practices such as Health Care Reform, compliance, strategic planning, transparency, accountability and emerging technologies. The passage of the Health Care Reform law (the Patient Protection and Affordable Care Act), includes a provision for non-profit hospitals to conduct CHNAs.

The CHNA process was conducted under the direction of Infirmiry Health and facilitated by Ascendant Healthcare Partners, a healthcare consulting firm providing evaluations of communities' health status and providing a blueprint in promoting collaborative initiatives that address priority health issues. The goal of Ascendant Healthcare Partners is to develop and implement community based health promotion and wellness programs that provide a forum for collaborative planning, resource allocation and implementation of programs to address the priority health needs. Ascendant Healthcare Partners has more than 20 years of experience in community health assessments, priorities and engagement.

Infirmiry Health formed the Community Assessment and Strategy Committee (CASC) to oversee the assessment process. CASC members included Infirmiry Health representatives from Baldwin and Mobile counties including representatives from hospital management, nursing services case management as well as health priority groups from the current cycle, 2013-2015.

INFIRMARY HEALTH

Infirmiry Health is Alabama's largest non-governmental not-for-profit healthcare team. Infirmiry Health employs more than 5,000 people and has 700 physicians on staff, and Mobile Infirmiry is the largest private employer in Mobile. Infirmiry Health supports a healthy community through corporate gifts and sponsorships, employee volunteerism and uncompensated medical care. Infirmiry Health contributes approximately \$1.8 million annually to local programs and agencies. With three

hospitals located in southern Alabama on the Gulf Coast and more than 30 medical clinics located in Mobile and Baldwin counties, serving more than **800,000 patients annually**.

There are two facilities located in Mobile County: Mobile Infirmarium and Infirmarium LTAC Hospital.

Mobile Infirmarium (MI), the largest Infirmarium Health facility, is located in Mobile, Alabama with **689 beds** in the medical center and **50 beds** at the J.L. Bedsole/Rotary Rehabilitation Hospital, located within Mobile Infirmarium. Medicaid patients comprise more than 13% of Mobile Infirmarium's inpatient discharges and more than 3,000 patients were provided with charity care.

Infirmarium LTAC Hospital, is the only hospital of its kind in the region, and is a specialty care hospital located within Mobile Infirmarium designed to meet the needs of patients who are critically ill and require extended, medically complex care with **45 beds**.

There are two facilities located in Baldwin County: Thomas Hospital and North Baldwin Infirmarium.

Thomas Hospital (TH) is located in Fairhope, Alabama. The **150-bed facility** is the only hospital in Baldwin County with an open-heart surgery program. Medicaid patients comprise more than 15% of Thomas Hospital's inpatient discharges and more than 1,500 of Thomas Hospital's patients were provided with charity care.

North Baldwin Infirmarium (NBI) is a **70-bed facility** located in Bay Minette in Baldwin County. Medicaid patients comprise more than 27% of North Baldwin Infirmarium's 2015 inpatient discharges and more than 1,000 patients were provided with charity care.

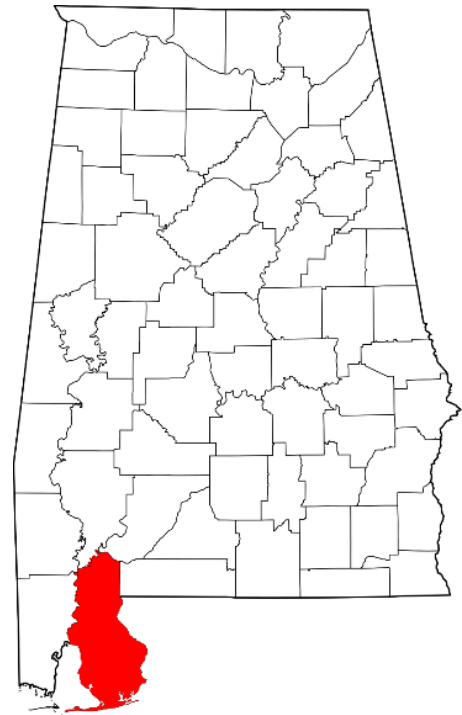
COMMUNITY DEFINITION

While this assessment focuses on Baldwin and Mobile counties as one community, it is important to note that the two counties have distinctly different demographic characteristics and are interdependent for planning purposes. The table below contains a snapshot of demographic information for the two counties. The two county areas:

BALDWIN COUNTY

Baldwin County is the largest county by land mass in Alabama, the seventh largest by population and the eighth fastest growing Metropolitan Statistical Area (MSA) in the nation with a 43% population growth since 2000. The county seat is located in Bay Minette, Alabama. Baldwin County, Alabama, is located along the shores of the Gulf of Mexico and Mobile Bay, bordered on the west by Mobile County, on the northwest by Washington County and Clarke County, on the north by Monroe County, on the northeast by Escambia County, Alabama, and on the east by Escambia County, Florida. Baldwin County has a **total population of 195,540**.

The median household income is \$47,539. The educational attainment, the percent of high school graduates or higher, is 89%. The unemployment rate is 5.8% which is lower than the state. The largest Baldwin County racial/ethnic groups are Caucasian 83.2% followed by African American 9.3% and Hispanic 4.5%. The county poverty rate is 13.9% one of the lowest in the state. Thirty-four percent of children enrolled in public schools are eligible for free lunch, the third lowest in the state.



MOBILE COUNTY

Mobile County is the fourth largest county in Alabama by land area and second largest by total area. It includes several islands, including Dauphin Island, Gaillard

Island and Mon Louis Island. Mobile County is located on the Alabama Gulf Coast and boarded by Mississippi to the west and Florida to the east. Mobile County is the second most populated county in Alabama and has a **total population of 414,079**.



The median household income is \$42,278. The educational attainment the percent of high school graduates or higher is 85%. The unemployment rate is 7.5% which is higher than the state at 6.5%.

The industry for the two counties reflect the importance of Infirmary Health in the local economy. Aviation, aerospace, manufacturing, maritime, oil and gas, education and healthcare comprising of the largest components. Infirmary Health is the largest private employer in Mobile and the largest nongovernmental healthcare system in Alabama.

The largest Mobile County racial/ethnic groups are Caucasian 58.4% followed by African American 34.9% and Hispanic 2.6%. The county poverty rate

is 19.8%, ranking Mobile County 30th in the state. Sixty-four percent of children enrolled

in public schools are eligible for free lunch, the seventeenth highest in the state. The children living in poverty rate for Mobile County

is trending worse currently at 31% which is higher than the state average of 27%.

Demographics	Alabama State	Baldwin County	Mobile County
Population			
Total	4,833,722	195,540	414,079
Female	2,489,367	100,053	215,647
Male	2,344,355	95,487	198,432
Median Age	38.2	41.8	36.9
Socioeconomic			
Poverty Rate	19%	13.9%	19.8%
Children living in poverty	27%	21%	31%
Median Household Income	\$42,882	\$47,539	\$42,278

Additional demographic and socioeconomic data for the two counties are provided in Appendix III.

METHODOLOGY

FRAMEWORK ANALYSIS

The framework used was a community-driven strategic planning process for improving community health. The goal is to identify and prioritize health issues and identify resources to address them.

In 2016, a CHNA was conducted by Infirmity Health. The goal of Infirmity Health is to develop and implement community-based health promotion and wellness programs and provide a forum for collaborative planning, resource allocation and implementation of programs to address the priority health needs.

The health issue prioritization framework followed this process:

1. Identify potential health issues by reviewing the 2013 Community Health Needs Assessment.
2. Use results from two assessments to validate health issues revealed.
3. Identify priorities by applying four criteria, three of which were objective and one that was subjective.
 - Objective Criteria:
 - Magnitude of difference between Mobile and Baldwin counties and the state of Alabama
 - Magnitude of difference between Mobile and Baldwin counties and 66 other Alabama counties
 - Overall number of people affected
 - Subjective Criteria:
 - Potential community support and availability of resources to permit effective intervention

In order to synthesize the results of the objective criteria, those indicators with results most unfavorable by comparison were the social determinants of health indicators. These social determinants of health are the identifying precursor behaviors and other societal factors which could affect health outcome results. Subsequently, input was solicited regarding programs and resources

available, both in Baldwin and Mobile counties and at the state level, to support effective intervention strategies. Input from members of Infirmity Health included a discussion relating to indicators for which there were proven evidence-based interventions and indicators which were directly correlated to many of the poor health outcomes. Infirmity Health's input also focused on priorities that the community had succeeded in achieving positive results through collaborative efforts.

The process was comprised of the following individual assessments:

Community Themes and Strengths Assessment (CTSA)

The CTSA Assessment answers questions such as: "What is important to our community?" and "How is quality of life perceived in our community?" This assessment results in a strong understanding of community.

By including community themes and strengths in the process, two benefits are gained. First, community members become more vested in the process when they have a sense of ownership and responsibility for the outcomes. This occurs when their concerns are genuinely considered and visibly affect the process. Second, the themes and issues identified offer insight into the information uncovered during the other assessment issues and concerns, perceptions about quality of life, and a map of community assets.

Community Health Status Assessment (CHSA)

The CHSA answers the questions, "How healthy are our residents?" and "What does the health status of our community look like?" The results of the CHSA provide the CASC with an understanding of the community's health status and ensure that the community's priorities include specific health status issues (e.g., high lung cancer rates or low immunization rates).

The CHNA is a process assessing the current health status of the Baldwin and Mobile communities through the selection and collection of indicators and the analysis of trends and comparisons to benchmarks.

SUMMARY OF FINDINGS

COMMUNITY STRENGTHS AND THEMES ASSESSMENT

Infirmity Health conducted a Community Health Survey of local health and social service organizations from December through January with a total of **41 respondents** from Mobile and Baldwin counties. The survey conducted used the convenience sampling method. The breakdown of these categories follows:

County	Organization
Baldwin	13
Mobile	28

Overall themes and community concerns included: access to health services, obesity or excess weight, diabetes, not seeing a doctor or dentist, poor eating habits, heart disease, stroke and mental health problems.

Question	Organization
	The top responses of each grouping are shown below.
Features of a healthy community	Access to health; quality education; quality hospitals and urgent/emergency services; mental health services
Most important health issues	Obesity; mental health problems; heart disease and stroke; diabetes
Most concerning unhealthy behaviors	Drug abuse; poor eating; not seeing a doctor or dentist; excess weight
The health of my community	Somewhat healthy
Quality of health services	Good
Healthcare services difficult to obtain for clients	Mental health services, preventative care, affordable prescriptions and dental care
What happens if your organization cannot provide all the services needed by client?	Give the client information on where to obtain assistance
Clients served	Families, individuals
How useful would it be to know other services your client received from other organizations?	Helpful
Clients served annually	Less than 500 to more than 20,000

COMMUNITY HEALTH STATUS ASSESSMENT

Indicator Selection

A review of health status assessments from the following organizations: Healthy People 2020, Community Commons, Robert Wood Johnson's County Health Rankings and previous assessments revealed a cross section of many common indicators. From this cross section, state and county data for 59 health status indicators and 13 demographic indicators were collected.

Data Sources

Data sources included: Alabama Department of Public Health, Agency for Health Care Administration, County Health Rankings and Roadmaps, Alabama Department of Children and Families, Centers for Disease Control and Prevention, U.S. Department of Health & Human Services, Feeding America, USDA Economic Research Service, Alabama Department of Law Enforcement, U.S. Census Bureau, Federal Bureau of Labor and Statistics, and U.S. Department of Housing and Urban Development. A complete list of data sources can be found in Appendix III.

Framework for Analysis

To identify the issues that hold the greatest priority for the community, the indicator results were evaluated within the framework of the County Health Rankings model created by the University of Wisconsin Population Health and the Robert Wood Johnson Foundation. The framework emphasizes factors, that when improved, can help improve the overall health of a community. This model is comprised of three major components:

Health Outcomes

This component evaluates the health of a community as measured by two types of outcomes: how long people live (**Mortality/Length of Life**) and how healthy people are when they are alive (**Morbidity/Quality of Life**).

Health Factors

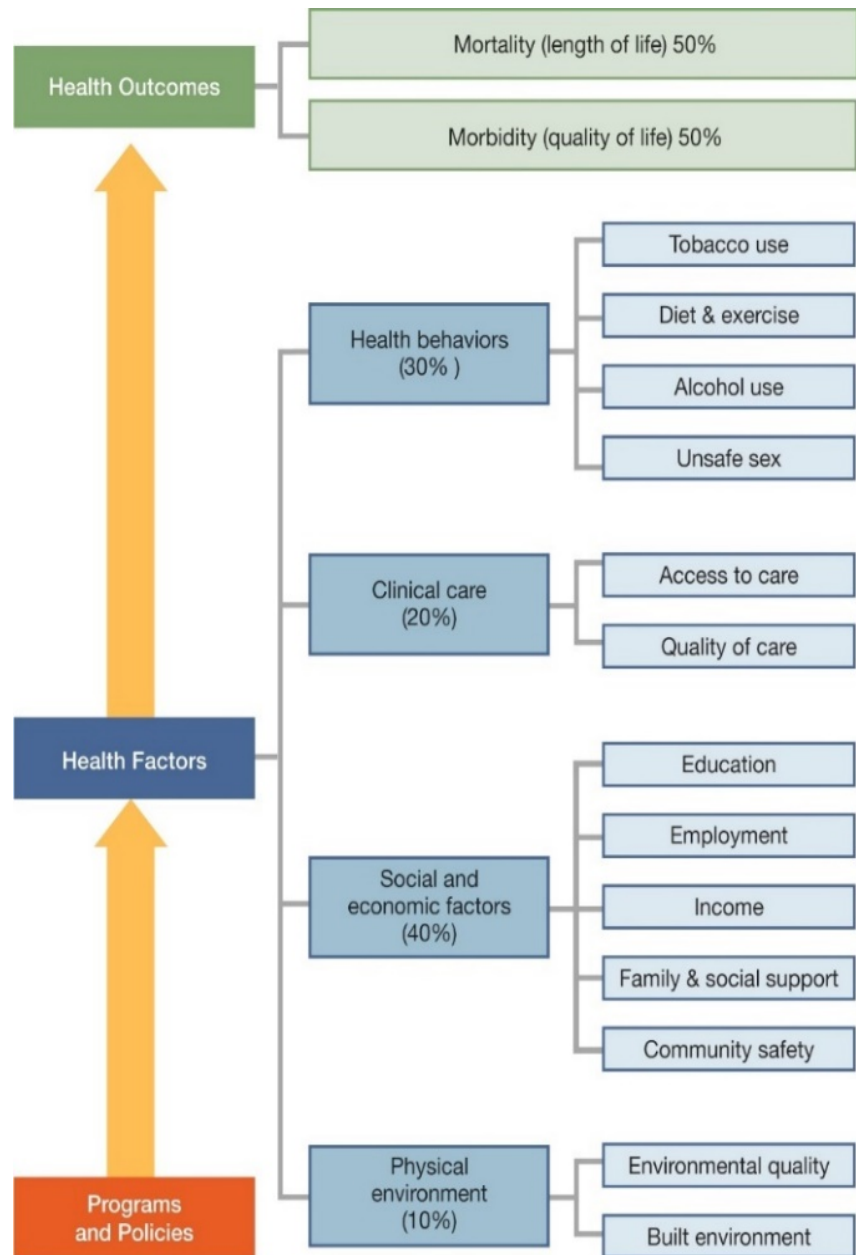
Factors that influence the health of a community including the activities and behavior of individuals (**Health Behaviors**), availability of and quality of healthcare services (**Clinical Care**), the socio-economic environment that people live and work in (**Social and Economic Factors**) and the attributes and physical conditions in which we live (**Physical Environment**).

Although an individual's biology and genetics plays a role in determining health, the community cannot influence or modify these conditions and therefore these factors are not included in the model. These factors are built from the concept of Social Determinants of Health (see inset).

Programs and Policies

Policies and programs at the local, state and federal level have the potential to impact the health of a population as a whole (i.e. smoke free policies or laws mandating childhood immunization).

As illustrated, Policies and Programs influence Health Factors which in turn cause the Health Outcomes of a community. Health Outcomes are improved when Policies and Programs are in place to improve Health Factors.



County Health Rankings model ©2010 UWPHI

BENCHMARKING

For comparison, each indicator was measured against the performance of the state of Alabama as a whole. According to United Health Foundation's, America's Health Rankings 2015, the State of Alabama ranked just near the bottom (46th) of all states across the core measures of Behaviors, Community and Environment, Policy, Clinical Care, and Outcomes. Alabama's rank for each dimension is shown on page 13. Lower scores indicate a healthier population; thus the health status of Alabama residents ranks near the bottom of the nation. Our local communities aspire to be healthier than the state average.

Social Determinants of Health
Healthy People 2020 defines social determinants of health as conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic and physical) in these various environments and settings (e.g., school, church, workplace and neighborhood) have been referred to as "place." In addition to the more material attributes of "place," the patterns of social engagement and sense of security and well-being are also affected by where people live. A "place-based" organizing framework, reflecting five (5) key areas of social determinants of health (SDOH), was developed by Healthy People 2020, including:
Place: Economic Stability
Key Issues: Poverty, Employment, Food Security, Housing Stability
Place: Social and Community Context
Key Issues: Social Cohesion, Civic Participation, Perceptions of Discrimination and Equity, Incarceration/Institutionalization
Place: Health and Healthcare
Key Issues: Access to Healthcare, Access to Primary Care, Health Literacy
Place: Neighborhood and Built Environment
Key Issues: Access to Healthy Foods, Quality of Housing, Crime and Violence, Environmental Conditions

Source: <https://www.healthypeople.gov/2020/topicsobjectives/topic/social-determinants-health>

Alabama’s Health Rankings are determined by four groups of measures:

- 1) Behavior: Excessive Drinking, Smoking, Obesity, Physical Inactivity, Drug Deaths and High School Graduation (ACGR).
- 2) Community and Environment: Children in Poverty, Infectious Disease, Violent Crime, Occupational Fatalities and Air Pollution.
- 3) Policy: Lack of Health Insurance, Children Immunizations, Adolescents Immunizations and Public Health Funding.
- 4) Clinical Care: Dentists, Primary Care Physicians, Low Birth Weight, and Preventable Hospitalizations.

America’s Health Rankings Alabama	
Dimension	Rank
Overall	46
Behaviors	40
Community and Environment	45
Policy	17
Clinical Care	48
Outcomes	49

In the past year, physical inactivity decreased 12% from 31.5% to 27.6% of adults and excessive drinking increased 8% from 12.3% to 13.3% of adults. In the past two years, disparity in health status by education level decreased 31% from 29.4% to 20.2%. In the past 10 years, infant mortality increased 2% from 8.5 to 8.7 deaths per 1,000 live births. Since 1990, children in poverty decreased 4% from 26.2% to 25.2% of children.

County Health Rankings produces a similar report ranking the counties in each state. In a state that does poorly across the nation, Mobile County ranks 37th out of 67 counties in Health Outcomes and 42nd in Health Factors. Baldwin County performs better ranking second out of the 67 counties in Health Outcomes and 4th in Health Factors. Current Health Outcomes and Health Factors rankings are displayed on the following page.

County Health Rankings		
Dimensions	Rank	
	Baldwin	Mobile
Health Outcomes	2	37
Quality of Life (Morbidity)	2	43
Health Factors	4	42
Health Behaviors	8	47
Clinical Care	6	23
Socioeconomic Physical Environment	8	47
	46	49

RESULTS

Looking at the counties separately, out of the 59 indicators, Mobile County performed worse than the state in **29 of the indicators**. Seven indicators, showed a worsening trend. Baldwin County performed worse than the state in **eight of them**. Similarly, four indicators, showed a worsening trend. For the two-county community, there are 37 indicators that perform worse than the state.

COMMUNITY HEALTH PRIORITIES

PROCESS FRAMEWORK

The health issue prioritization process was a three-step process:

1. Identify potential health issues by reviewing the 2013 Community Health Needs Assessment.
2. Use results from additional assessments to validate health issues revealed.
3. Priorities were then identified by applying four criteria, three of which were objective, and one that was subjective.

- **Objective Criteria**

- a. Magnitude of difference between Mobile and Baldwin counties and the state of Alabama
- b. Magnitude of difference between Mobile and Baldwin counties and 66 other Alabama counties
- c. Overall number of people affected

- **Subjective Criteria**

- a. Potential community support and availability of resources to permit effective interventions

2016 COMMUNITY HEALTH PRIORITIES

Infirmity Health completed this process to assess overarching themes and health issues. The 2016 Community Health Priorities for the two-county community of Baldwin and Mobile counties are:

Healthy Weight
Access to Care

In addition to these, the following have been identified as health issues in the individual counties:

Mobile County: Mental Health
Baldwin County: Cancer Detection and Education

COMMUNITY HEALTH PRIORITY: HEALTHY WEIGHT

Data for 25 indicators related to nutrition and physical activity. Of which, two indicators showed a worsening trend.

COMMUNITY HEALTH PRIORITY: ACCESS TO CARE

This priority speaks to the ability for residents to access quality care in a timely manner in the appropriate care setting. Twenty-six indicators related to this priority. Among the indicators with a worsening trend are children in poverty, screenings and unemployment.

To better understand the impact these health issues have on the community, the 2016 Community Health Priorities and the individual county health issues are discussed in greater detail in the following sections.

COMMUNITY HEALTH PRIORITY

HEALTHY WEIGHT

Obesity is a complex and costly issue. Trust for America's Health, named Alabama as the fifth “fattest state” in the nation ranking first in adult obesity, with 33.5% of adults in the obese category. The estimated annual medical cost for residents in Alabama was \$1.172 billion for healthcare costs related to obesity. Currently, **only 37%** of Alabamians

are at healthy weight. With the current trend, by 2030, approximately 60% will be obese. Additionally, 6 out of 10 children born today will be obese by the time they graduate high school. In Alabama, childhood obesity is 14.1% in two to four-year olds from low-income families, 18.6% in 10 to 17 year olds and 17.1% in high school students. In childhood obesity, Alabama ranks in the top 20 states in all age categories. Adult obesity in Mobile County is 35%, trending higher and Baldwin County is 25%, remaining the same.

Body Mass Index (BMI)

Adults (21 and over)
Obesity 30.0 or higher
Overweight 25.0 and 29.9

Children & Adolescents (2-20 years)
Obesity above the 95th percentile of the sex-specific CDC BMI for-age

HEALTH FACTORS

Over the next 20 years in Alabama, obesity is expected to contribute to millions of cases of *preventable chronic diseases and other poor outcomes* costing an estimated **\$1.172 billion annually** such as:

- Type 2 diabetes
- Hypertension
- Heart disease/
Cardiovascular
Disease
- Stroke
- Cancer
- Diabetes

The top two causes of death in Alabama are cardiovascular disease (CVD) and cancer. Much research supports the nutrition and physical activity impact of these diseases. CVD accounted for 25.4% of all deaths. More Alabamians die each year from CVD than from all forms of cancer combined. Alabama ranks fourth in the nation in heart disease and stroke deaths. Alabama ranks above the national average in deaths due to heart disease and second in the nation for hypertension. African Americans have the highest stroke death rate in Alabama. Alabama ranked third in terms of adult hypertension.

Thirty-three percent of the total Alabama adult population indicated they had been diagnosed with hypertension. In addition, 38% of the total adult African American population is at risk for hypertension. The Alabama Department of Public Health identified both high systolic and high diastolic blood pressures in Alabama adolescents.

Cancer is the second leading cause of death accounting for **29,013 or 21.7%** of all deaths.

An estimated 17 million Americans (6.2% of the population) now have diabetes. **Alabama has one of the highest rates of diagnosed diabetes (12.9%) and is ranked fourth in the United States.**

For those that are overweight, even a modest weight loss can have a positive impact on health. Healthy weight can also positively impact:

- Energy levels
- Habits
- Self-esteem
- Psychological health
- Healthcare costs

INFLUENCES ON WEIGHT

To ensure the effectiveness of interventions, it is important to understand the personal, social, economic and environmental barriers and facilitators of change in diet or physical activity including:

Diet	Physical Activity
<ul style="list-style-type: none"> ▪ Knowledge and attitudes 	<ul style="list-style-type: none"> ▪ Lack of time
<ul style="list-style-type: none"> ▪ Skills social support 	<ul style="list-style-type: none"> ▪ Low motivation
<ul style="list-style-type: none"> ▪ Food and agricultural policies 	<ul style="list-style-type: none"> ▪ Rural residency
<ul style="list-style-type: none"> ▪ Food assistance programs 	<ul style="list-style-type: none"> ▪ Lack of social support from peers, family or spouse
<ul style="list-style-type: none"> ▪ Economic price system 	<ul style="list-style-type: none"> ▪ Presence of sidewalks
<ul style="list-style-type: none"> ▪ Marketing influences people’s particularly children’s – food choices 	<ul style="list-style-type: none"> ▪ Access to public transportation
<ul style="list-style-type: none"> ▪ Access and availability of healthier foods 	<ul style="list-style-type: none"> ▪ Overweight or Obese
<ul style="list-style-type: none"> ▪ Dining out influences a person’s diet — often high in calories 	<ul style="list-style-type: none"> ▪ Physical environment
<ul style="list-style-type: none"> ▪ Low income 	

RESOURCES AVAILABLE TO ADDRESS PRIORITY

Organizations and programs serving Baldwin and Mobile counties which have been identified as community assets for Healthy Weight include:

- Alabama Free Clinic
- Operation FitKids
- American Heart Association
- Franklin Primary Clinic
- American Cancer Society
- iHealthy

- Alabama Department of Public Health
- Junior League
- Area Agency on Aging – Silver Sneakers
- LifeSouth Community Blood Centers
- American Diabetes Association
- Mobile County Public School System
- Baldwin County Public School System
- Mobile County Health Department
- Baldwin County Health Department
- Mobile United – Live Better Mobile
- Catholic Social Services
- You Can! Program in schools
- City of Bay Minette, Mobile, Fairhope, etc.
- Scale Back Alabama – Obesity Task Force

HEALTHY WEIGHT AND RELATED OUTCOME INDICATORS

Indicators are categorized according to the *County Health Rankings* model and displayed in groups, see Appendix III.

COMMUNITY HEALTHY PRIORITY ACCESS TO CARE

Access to comprehensive, quality healthcare services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Access to healthcare impacts:

- Prevention of disease and disability
- Preventable death
- Preventable hospitalization
- Life expectancy
- Detection and treatment of health conditions
- Overall physical, social and mental health status
- Quality of life

Access to health services is a broad and complex issue that encompasses four main components: coverage, services, timeliness and workforce.

Coverage: Health insurance coverage helps patients get into the healthcare system. Uninsured (and underinsured) people are less likely to receive medical care, more likely to die early and are more likely to have a poor health status.

Services: Improving healthcare services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Health Resources and Services Administration (HRSA) defines areas and populations as medically underserved based on four weighted variables - ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level and percentage of the population age 65 or over.

Timeliness: Timeliness is the healthcare system's ability to provide healthcare quickly after a need is recognized. Timeliness issues include the time between identifying a need for specific tests and treatments and actually receiving those services. Actual and perceived difficulties or delays in getting care when patients are ill or injured likely reflect significant barriers to care.

Workforce: Primary Care Physicians (PCP) play an important role in the general health of the communities they serve. However, there has been a decrease in the number of medical students interested in working in primary care. Having a PCP as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. HRSA may designate some geographic areas as a Health Professional Shortage Area (HPSA) based on the full-time equivalent professionals per resident (varies by practice area).

As Health Care Reform seeks to expand access to healthcare by improving affordability, significant nonfinancial barriers also prevent many adults from seeking or delaying the care they need. National research has suggested that four nonfinancial barriers were more frequent reasons for unmet need or delayed care (21%) compared to affordability, the only cost-related dimension (18.5%). The top nonfinancial barriers include:

- Accommodation (17.5%) —busy with work or other commitments
- Availability (8.4%)—couldn't get appointment soon enough
- Accessibility (4.4%)—took too long to get to the doctor's office or clinic
- Acceptability (4.0%) —doctor or hospital wouldn't accept health insurance

RESOURCES AVAILABLE TO ADDRESS PRIORITY

Organizations and programs serving Baldwin and Mobile counties identified as community assets for Access to Care include:

- 15 Place
- 2-1-1 Connects Alabama
- Alabama Possible
- Baldwin County Health Department
- Community Clinics
- Early Intervention Alabama
- Ecumenical Services
- Faith based clinics
- Franklin Primary Clinic
- Guadalupe – Bayou La Batre
- Homeless Connect - Mobile
- Infirmary Health
 - Mobile Infirmary
 - North Baldwin Infirmary
 - Infirmary LTAC Hospital
 - Thomas Hospital
- Mobile County Health Department
- Mostellar Clinic
- Regional School for Deaf and Blind
- United Way of Baldwin County
- United Way of Southwest Alabama

ACCESS TO CARE AND RELATED OUTCOME INDICATORS

Indicators are categorized according to the *County Health Rankings model*, see Appendix III.

COMMUNITY HEALTH ISSUE

BALDWIN COUNTY: CANCER DETECTION AND EDUCATION

The American Health Rankings ranked Alabama 43rd in cancer deaths. Other than skin cancer, breast cancer is the most common cancer among American women. The annual breast cancer incident rate, the number of people who get breast cancer, in Alabama is 3,459 among women of all ages and **148 of the incidences** occur in Baldwin County. The table below illustrates incident rate by age in Alabama and Baldwin County.

Getting mammograms regularly can lower the risk of dying from breast cancer. The United States Preventive Services Task Force recommends that a woman who is 50 to 74 years old, should have a screening mammogram every two years. A woman who is 40 to 49 years old, should talk to their doctor about when to start and how often to get a screening mammogram. Early detection of cancer greatly increases the chances for successful treatment.

Baldwin County Breast Cancer Incidences		
Age Group	Alabama	Baldwin County
<50	669	23
50+	2,791	126
<65	1,959	78
65+	1,500	70

There are two major components of early detection of cancer:

- **Education to promote early diagnosis**
- **Screening**

Recognizing possible warning signs of cancer and taking prompt action leads to early diagnosis. Increased awareness of possible warning signs of cancer, among physicians, nurses and other healthcare providers as well as among the general public, can have a great impact on the disease. Some early signs of cancer include lumps, sores that fail to heal, abnormal bleeding, persistent indigestion and chronic hoarseness. Early diagnosis is particularly relevant for cancers of the breast, cervix, mouth, larynx, colon and rectum and skin.

REPRODUCTIVE RISK FACTORS

- Being younger when you had your first menstrual period
- Never giving birth, or being older at the birth of your first child
- Starting menopause at a later age
- Using hormone replacement therapy for a long time

OTHER RISK FACTORS

- Getting older
- A personal history of breast cancer, dense breast or other breast problems
- A family history of breast cancer (parent, sibling or child)
- Changes in your breast cancer-related genes (BRCA1 or BRAC2)
- Getting radiation therapy to the breast or chest
- Being overweight, especially after menopause

RESOURCES AVAILABLE TO ADDRESS ISSUE

Organizations and programs serving Baldwin County which have been identified as community assets for the Cancer Detection and Education community health issue include:

- Alabama Free Clinic
- American Heart Association
- American Cancer Society
- Alabama Department of Public Health
- Area Agency on Aging – Silver Sneakers
- American Diabetes Association
- Baldwin Country Health Department
- Franklin Primary Clinic
- Infirmary Health Wellness Programs
- Scale Back Alabama – Obesity Task Force
- Walmart

CANCER DETECTION, EDUCATION AND RELATED OUTCOME INDICATORS

Indicators are categorized according to the *County Health Rankings model*, see Appendix III.

COMMUNITY HEALTH ISSUE

MOBILE COUNTY: MENTAL HEALTH

Overall health depends on both physical and mental well-being. Measuring the number of days when people report that their mental health was not good, i.e., poor mental health days, represents an important facet of health-related quality of life. Mental health includes emotional, psychological and social well-being. It affects how we think, feel and act. It also helps determine how we handle stress, relate to others and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

According to the Center for Disease Control the citizens of Mobile County experience a higher number of mentally unhealthy days in comparison to the state at 4.3 days with top performers in the U.S. at 2.3 days. Health-related quality of life (HRQoL) is a multi-dimensional concept that includes domains related to physical, mental, emotional and social functioning. It goes beyond direct measures of population health, life expectancy and causes of death and focuses on the impact health status has on quality of life. The CDC has defined HRQoL as “an individual’s or group’s perceived physical and mental health over time.”

MENTAL HEALTH AND WELLNESS

Positive mental health allows people to:

- Realize their full potential
- Cope with the stresses of life
- Work productively
- Make meaningful contributions to their communities

Ways to maintain positive mental health include:

- Getting professional help if you need it
- Connecting with others
- Staying positive
- Getting physically active
- Helping others
- Getting enough sleep
- Developing coping skills

RESOURCES AVAILABLE TO ADDRESS ISSUE

Organizations and programs serving Mobile County which have been identified as community assets for Healthy Weight include:

- Baldwin County Mental Health Center, Inc.
- Infirmity Health
- Mobile Mental Health Center, Inc.
- Southwest Alabama Mental Health Board

CANCER DETECTION, EDUCATION AND RELATED OUTCOME INDICATORS

Indicators are categorized according to the *County Health Rankings model*, see Appendix III.

APPENDIX I: COMMUNITY PARTNERS

American Cancer Society	Jennifer Claire Moore Foundation
American Heart Association	Lifelines Counseling Services
American Red Cross	Live Better Mobile
Baldwin County Public School System	March of Dimes
Bay Area Food Bank	McKenzie Place
Big Brothers Big Sisters of South Alabama	Mobile Area Chamber of Commerce
Boys and Girls Clubs of South Alabama	Mobile Area Education Foundation
Catholic Social Services of Mobile	Mobile County Health Department
CARE House	Mobile County Public School System
Child Advocacy Center	Mobile Housing Board
Community Foundation of South Alabama	North Baldwin Chamber of Commerce
Crittenton Youth Services	Regional School for the Deaf and Blind
Epilepsy Foundation of Alabama	Salvation Army of Coastal Alabama
Department of Health	Sterne Agee
Family Service Center	The MR/DD Board, Inc. (Intellectual disabilities)
Family Promise of Baldwin County	United Way of Baldwin County
Feeding the Gulf Coast	Unity-Ecumenical Ministries
Fuse Project	Victory Health Partners
Habitat for Humanity of Baldwin County	Wilmer Hall Children's Home
Housing First, Inc.	

APPENDIX II: COMMUNITY THEMES AND STRENGTHS

SURVEY INSTRUMENT

COMMUNITY HEALTH NEEDS ASSESSMENT: HEALTH AND SOCIAL SERVICE ORGANIZATIONS

The purpose of the following survey is to get your opinions about community health issues facing clients you serve in Baldwin, Escambia and Mobile counties. Infirmiry Health will use the results of this survey to identify health priorities for community action.

This survey will take approximately 10 minutes to complete. Thank you!

1. What do you think are the most important features of a “Healthy Community”? (Those factors that would most improve the quality of life in this community.) Check only three (3).

- Community Health Survey: Health and Social Service Organizations
- Quality hospitals and urgent / emergency services
- Healthy food options
- Arts and cultural events
- Family doctors and specialists
- Low numbers of homeless
- Quality education
- Mental health services
- Affordable housing
- Social support services such as:
 - Salvation Army, food pantries, United Way, Red Cross, etc.
- Low crime safe neighborhoods
- Active lifestyles/outdoor activities
- Low numbers of sexually transmitted disease (STDs)
- Access to health services (e.g. family doctor, hospitals)
- Good transportation options
- Religious or spiritual values
- Low tobacco use
- Low percent of population that are obese
- Good schools
- Good race relations
- Good employment opportunities
- Good place to raise children
- Clean environment (clean water, air, etc.)
- Low alcohol and drug abuse

**2. What do you think are the most important health issues in your county?
(Those problems that have the greatest impact on overall community
health.) Check only three (3).**

- Infant death
- Heart disease and stroke
- Domestic violence
- Rape/sexual assault
- Fire-arm related injuries
- Dental problems
- HIV/AIDS
- Respiratory / lung disease
- Infant death
- Heart disease and stroke
- Homicide
- Diabetes
- Child abuse/neglect
- Motor vehicle crash injuries
- Tobacco use
- Cancers
- Sexually Transmitted Diseases (STDs)
- Obesity/Excess weight
- Suicide
- Accidental injuries (at work, home, school, farm)
- Teenage pregnancy
- Mental health problems
- Aging problems (e.g. dementia, vision/hearing loss, loss of mobility)
- Homelessness

3. Which of the following unhealthy behaviors in the county concern you the most? (Those behaviors that have the greatest impact on overall community health.) Check only three (3).

- Not seeing a doctor or dentist
- Homelessness
- Not getting shots to prevent disease
- Poor eating habits/poor nutrition
- Not using seat belts/child safety seats
- Unprotected/unsafe sex
- Drug abuse
- Tobacco use
- Excess weight
- Alcohol abuse
- Lack of exercise

4. Overall, how would you rate the health of people who live in Baldwin/Mobile County?

- Very Healthy
- Somewhat Healthy
- Very Unhealthy
- Healthy
- Unhealthy
- Not Sure/Don't know

5. Based on your knowledge of your clients, which healthcare services do you believe your clients have difficulty obtaining in the local area? (Check all that apply)

- Alternative therapies (acupuncture, herbals, etc.)
- Dental care (including dentures)
- Emergency medical care
- Family Planning (including birth care)
- Hospital care
- Laboratory services
- Alcohol or drug abuse treatment
- Vision care (eye exams and glasses)
- Do not know/none
- Mental Health services
- Physical Therapy/rehabilitation
- Preventative healthcare (routine or wellness checkups, etc.)
- Affordable Prescriptions
- Primary medical care (clinic/primary)
- Services for the elderly
- Specialty medical care- specialist/doctor
- X-rays or mammograms

6. Overall, how would you rate the quality of healthcare services for your clients that are available in Baldwin/Mobile County?

- Excellent
- Very Good
- Good
- Fair
- Poor
- Not sure/do not know

7. What type of services does your organization provide?

- Alcohol/substance abuse Treatment
- Clothing/thrift store disability Services
- Education
- Employment/job training faith based counseling
- Financial counseling
- Food assistance
- Healthcare
- Housing/temporary shelter
- Legal Aid
- Mental health
- Pregnancy or Adoption Assistance
- Senior services
- Utility payment assistance
- Other_____

8. Describe the clients you serve?

- Active duty military
- Disabled
- Families
- Homeless
- Individuals
- Veteran
- Other_____

9. Which of the following best describes what happens if your organization cannot provide all the services needed by a client?

- Give the client information on where to obtain assistance (client is responsible for contacting other organization)
- Phone, email or fax a referral to another organization
- Send an electronic referral using a shared software system (such as Bowman Systems or CareScope)
- Other_____

10. What age group do most of your clients fit into?

- Children
- Adults (Under the age of 65)
- Seniors (65+)

11. Given the services your organization provides and the clients you serve; how helpful would it be to know what other services the client has received from other organizations?

- Helpful
- Somewhat Helpful
- Not Helpful
- Not Sure/Don't Know

12. How many clients (unique individuals, not visits) do you serve on an annual basis?

- 500 or less
- 501 to 1,000
- 1,001 to 5,000
- 5,001 to 10,000
- 10,0001 to 20,000
- 20,000 or more

13. Do your clients have to meet income eligibility requirements to obtain services?

- Yes, 50% of poverty or less
- Yes, 100% of poverty or less
- Yes, 150% of poverty or less
- Yes, 200% of poverty or less
- Yes, 300% of poverty or less
- No, we serve everyone
- Other_____

14. What percent of your staff is volunteer?

- 10% or Less
- 11% to 25%
- 26% to 50%
- 51% to 75%
- More than 75%

15. Do you use any of the following systems to store client records electronically. Check all that apply:

- CareScope
- Bowman Systems (Service Point or Community Point)
- VisionLink (2-1-1 or Community OS)
- Social Solutions (ETO Collaborative)
- An electronic medical record (EMR) or electronic health record (HER)

16. Name of your organization_____.

SURVEY RESULTS

SERVICE AREA - COMBINED

County	Primary		Secondary		Tertiary		Other/No Responses		Grand Total	
	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total
Baldwin County	33	70.21%	10	21.28%	2	4.26%	2	4.26%	47	42.34%
Mobile County	28	84.85%	2	6.05%	1	3.03%	2	6.06%	33	29.73%

What do you think is the most important features of a healthy community?	% of Total
Access to health services (e.g. family doctor, hospitals)	57.14%
Quality education	31.75%
Quality hospitals and urgent/emergency services	30.16%
Mental health services	28.1%

What do you think are the most important health issues in your county?	% of Total
Obesity/excess weight	54.12%
Mental health problems	49.18%
Heart disease and stroke	42.62%
Diabetes	36.06%

Which of the following unhealthy behaviors in the county concern you the most?	% of Total
Drug abuse	55.93%
Not seeing a doctor or dentist	47.46%
Poor eating habits/poor nutrition	47.46%
Excess weight	44.07%

SURVEY RESULTS

SERVICE AREA - COMBINED CONT.

Overall, how would you rate the health of people who live in your county?	% of Total
Somewhat healthy	50.85%
Unhealthy	32.20%
Not Sure/Don't Know	8.47%
Healthy	3.39%
Very unhealthy	0.00%

Based on your knowledge of your clients, which healthcare services do you believe your clients have difficulty obtaining in the local area?	% of Total
Mental health services	64.61%
Preventative healthcare (routine or wellness checkups, etc.)	44.07%
Affordable prescriptions	40.68%
Dental care (including dentures)	37.29%
Specialty medical care (specialist doctors)	28.81%
Primary medical care (a primary doctor/clinic)	28.81%
Alcohol or drug abuse treatment	23.73%

Overall, how would you rate the quality of healthcare services for your clients that are available in your county?	% of Total
Good	38.98%
Fair	25.42%
Very Good	20.34%
Poor	8.47%
Excellent	3.39%
Don't Know	3.39%

SURVEY RESULTS

SERVICE AREA - COMBINED CONT.

Describe the clients you serve?	% of Total
Families	37.50%
Individuals	28.57%
Homeless	12.50%
Disabled	3.57%
Veteran	1.79%

Which of the following best describes what happens if your organization cannot provide all the services needed by a client?	% of Total
Give the client information on where to obtain assistance (client is responsible for contacting other organization)	72.73%
Phone, email or fax a referral to another organization	16.36%
Send an electronic referral using a shared software system (such as Bowman Systems or CareScope)	5.45%

What age group do most of your clients fit into?	% of Total
Children	28.6%
Adults (Under the age of 65)	55.4%
Seniors (65+)	16.1%

SURVEY RESULTS

SERVICE AREA - COMBINED CONT.

What type of services does your organization provide?		
Education	Mental health services	Pregnancy or adoption services
Health care	Clothing/thrift store	Disability services
Food assistance	Utility payment services	Alcohol and substance abuse treatment
Housing/temporary shelter	Employment and job training	Senior services
Counseling	Legal aid	

APPENDIX III: INDICATOR LIST

Health Outcomes			
Indicator	Alabama	Baldwin County	Mobile County
Length of Life			
Cancer deaths (all causes)	30,564	1,213	2,769
Chronic lower respiratory disease	8,498	334	624
Diabetes mellitus	3,840	133	355
Heart disease deaths (all causes)	35,879	1,346	2,926
Hypertensive heart disease	1,226	68	94
Ischemic heart disease	16,588	713	1,736
Acute myocardial infarction	7,593	165	477
Heart failure	5,769	165	265
Cardiovascular disease (stroke) deaths	7,786	332	669
Infant mortality	9.1	6.4	8.2
Child mortality	73.3	56.2	77.7
Premature deaths	9,508	7,457	10,201
Quality of Life			
Poor or fair health	21%	13%	23%
Poor physical health days	4.3	3.3	4.5
Unhealthy mental days	4.3	3.8	4.8
Low birthrate	10.3%	8.7%	11.8%

Health Factors			
Indicator	Alabama	Baldwin County	Mobile County
Healthy Behavior			
Adult smoking	22%	21%	24%
Adult obesity	33%	25%	36%
Overweight (adult)	37%		
Healthy weight (adult)	31%		
Healthy weight (youth)	17.1%		
Access to exercise opportunities	64%	74%	74%
Food environment index	6.7	7.6	5.9
Food insecurity	19%	14%	19%
Physical inactivity	29%	25%	29%
Limited access to healthy foods	8%	5%	11%
Excessive drinking	12%	18%	15%
Alcohol-impaired driving deaths	28%	30%	38%
Sexually transmitted infections	635	358	816
Teen births	47	45	57
Motor vehicle crash deaths	21	17	22
Drug poisoning deaths	11	15	13
Clinical Care			
Uninsured (adults)	16%	16%	18%
Uninsured (youth)	4%	5%	4%
Mental health providers	1,289:1	1,245:1	1,323:1
Preventable hospital events	72	51	66
Dentists	2,256:1	2,149:1	2,070:1

Primary Care Physicians (PCPs)	1,549:1	1,325:1	1,574:1
Cancer screening - Mammogram	62.7%	66.1%	61.2%
Health care costs	\$10,127	\$9,502	\$9,985
Could not see doctor due to costs	16%	14%	19%
Other primary care providers	2071:1	3,431:1	1,704:1
Socioeconomic			
High school graduation	77%	74%	68%
Some college	58%	62.5%	57.5%
Unemployment	6.5%	5.8%	7.5%
Children in poverty	27%	21%	31%
Children in single-parent households	38%	29%	44%
Population eligible for receiving Medicaid	22.3%	16.5%	25%
Income inequality	5.2	4.4	5.2
Food insecurity	19%	14%	19%
Children eligible for free/reduced price lunch	50%	34%	64%
Violent crime	418	221	597
Injury deaths	75	75	80
Physical Environment			
Air pollution (particulate matter)	12.8	13.1	13.0
Drinking water violations	5%	1%	3%
Severe housing problems	15%	14%	17%
Driving alone to work	85%	84%	85%
Long commute (Drive Alone)	32%	35%	32%
Homicides	9	4	15

Demographics			
Population	4,833,722	195,540	414,079
Percent below 18	23%	22.4%	24.1%
Percent 65 and older	14.9%	18.1%	14.1%
Percent non-Hispanic African American	26.3%	9.4%	35%
Percent American Indian and Alaskan native	0.7%	0.7%	1.0%
Percent Asian	1.3%	0.9%	1.9%
Percent native Hawaiian/other Pacific Islander	0.1%	0.1%	0.1%
Percent Hispanic	4.1%	4.6%	2.6%
Percent non-Hispanic	66.4%	83.1%	58.2%
Percent non proficient in English	1.4%	1.6%	1.1%
Percent Females	51.5%	51.2%	52.1%
Percent Males	48.5%	48.8%	47.9%
Percent Rural	41%	42.3%	20%

APPENDIX IV: INDICATOR REFERENCES & SOURCES

Health Outcomes- Mortality: Length of Life

Premature Death -

Website: <http://www.countyhealthrankings.org/app/alabama/2015/downloads>

Health Outcomes- Morbidity: Quality of Life

Diabetic monitoring -

Website: <http://www.countyhealthrankings.org/app/alabama/2015/measure/factors/7/data>

Disability (any) -

Website: <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

Unhealthy mental days -

Website: http://www.cdc.gov/brfss/data_tools.htm

Poor or fair health -

Website: http://www.cdc.gov/brfss/data_tools.htm

Adults with good to excellent overall health –

Website: http://www.cdc.gov/brfss/data_tools.htm

Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days -

Website: http://www.cdc.gov/brfss/data_tools.htm

Smokers (adult) -

Website: http://www.cdc.gov/brfss/data_tools.htm

Health Behavior: Diet & Exercise

Overweight (adult) - Body Mass Index (BMI) 25.0 to 29.9.

Website: <http://healthyamericans.org/reports/stateofobesity2015/release.php?stateid=AL>

Obesity (adult) - Body Mass Index (BMI) 30.0 or higher

Website: <http://www.adph.org/obesity/Default.asp?id=1983>

Food insecurity -

Website: <http://map.feedingamerica.org>

Exercise opportunities -

Website: <http://www.countyhealthrankings.org/app/florida/2015/overview>

Clinical Care – Access to Health Care

Insurance - Uninsured adults - Percent Uninsured (ages < 65).

Website: <http://www.census.gov/did/www/sahie/data/interactive/cedr/sahie.html>

Insurance - Uninsured children - Percent Uninsured (ages < 19).

Website: <http://www.census.gov/did/www/sahie/data/interactive/cedr/sahie>.

Population receiving Medicaid -

Website: <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/data-and-systems/medicaid-managed-care/downloads/2013-medicaid-managed-care-enrollment-report.pdf>

Dental care access by low income persons -

Website: <http://www.adph.org/oralhealth/Default.asp?id=1329>

Primary care access -

Website: <http://assessment.communitycommons.org/CHNA/report?page=4>

Mental health providers -

Website: <http://www.countyhealthrankings.org/app/alabama/2015/measure/factors/62/datasource>

Adults who have a personal doctor –

Website: <http://www.countyhealthrankings.org/app/alabama/2015/measure/factors/62/datasource>

Cancer screening - mammogram –

Website: <http://www.countyhealthrankings.org/app/alabama/2015/measure/factors/62/datasource>

Preventable hospital stays -

Website: <http://www.dartmouthatlas.org/tools/downloads.aspx>

Additional Health Factors

High school graduation -

Website: <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

Population > 25 without a high school diploma -

Website: <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

Social & Economic Factors – Employment

Unemployment -

Website: <http://data.bls.gov/map/MapToolServlet>

Social & Economic Factors – Income

Real per capita income -

Website: <http://www.bea.gov>

Median household income –

Website: <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

Poverty -

Website: <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

Children in poverty

Website: <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

Children eligible for free/reduced price lunch -

Website: <http://assessment.communitycommons.org/CHNA/report?page=2&id=209>

Income - Public Assistance Income -

Website: <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

Housing cost burden (30%) -

Website: <http://assessment.communitycommons.org/CHNA/report?page=2&id=240>

Social & Economic Factors – Family and Social Support

Children in single-parent households -

Website: <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

Population with Limited English Proficiency -

Website: <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

Social & Economic Factors – Community Safety

Domestic violence offenses –

Website: <http://www.alea.gov/home/wfContent.aspx?PLH1=plhACJIC-CrimeStats>

Forcible sex offenses –

Website: <http://www.alea.gov/home/wfContent.aspx?PLH1=plhACJIC-CrimeStats>

Aggravated assault –

Website: <http://www.alea.gov/home/wfContent.aspx?PLH1=plhACJIC-CrimeStats>

Murder –

Website: <http://www.alea.gov/home/wfContent.aspx?PLH1=plhACJIC-CrimeStats>

Physical Environment-Built Environment

Air pollution -

Website: <http://assessment.communitycommons.org/CHNA/report?page=3&id=409>

Drinking water violations -

Website: <http://www.countyhealthrankings.org/app/florida/2015/measure/factors/124/data>

Air quality - Ozone -

Website: <http://assessment.communitycommons.org/CHNA/report?page=3&id=410>

Physical Environment-Built Environment

Severe housing problems -

Website: http://www.huduser.gov/portal/datasets/cp/CHAS/data_querytool_chas.html

Driving alone to work -

Website: <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

Use of public transportation -

Website: <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

Population Characteristics

Median age –

Website: http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP_2014_PEPAGESEX&prodType=table

Total population (ACS) –

Website: <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

Families with children -

Website: <http://factfinder.census.gov>

Population by race –

Website: <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

HOSPITAL EVALUATIONS

2013-2015 COMMUNITY HEALTH IMPLEMENTATION STRATEGY

PROGRESS REPORT

Thomas Hospital and North Baldwin Infirmary, Baldwin County

Priority Area 1: Good nutrition, obesity prevention

Objective: The iHealthy program will target both our employees and our community to improve the awareness of fitness/wellness in both groups.

Activity/Accomplishments:

- iHealthy
 - iHealthy is a comprehensive corporate wellness program that brings Infirmary Health's high quality care and professionalism to the workplace. From health screenings to monthly lunch and learn programs, we work to help you maintain a healthy corporate community. A department of five employees is dedicated to promoting health and wellness.
 - Internal: Employees are provided with access to a wellness portal to assist with dietary needs and lifestyle modification which include Life Balance classes, wellness coaches, chronic care management and biometric screening.
 - External: Biometric screenings were conducted in three organizations in Baldwin County.

Thomas Hospital and North Baldwin Infirmary, Baldwin County

Priority Area 1: Good nutrition, obesity prevention

Impact:

Internal

Number of employees who joined IH Wellness Program

	Number	Percent
Employee	1,331	66%
Spouses	103	17%

External

Biometric screening completed: Baldwin County

- Daphne Utilities - 48 employees
- Baldwin County Commission - 282 employees
- Navigator Credit Union – 10 employees

PROGRESS REPORT

Thomas Hospital and North Baldwin Infirmary, Baldwin County

Objective: Program developed to target obese and overweight children in our community.

Activity Accomplishments:

- Operation FitKids
 - The Operation FitKids program is based on American College of Sports Medicine (ACSM) and American Council of Exercise (ACE) guidelines for daily exercise for children.
 - 183 children participated in the after school program. Students participating in Operation FitKids are referred by a physician.
 - The curriculum is a public service offered by ACE.

Impact:

- Operation FitKids is an eight-week program that educates children and their families on the benefits of regular physical activity and proper nutrition. Thomas Fitness Center and North Baldwin Fitness Center host two eight-week sessions and a one-week summer camp annually.
- Thomas Fitness Center enrolled 53 children in their program, while North Baldwin Fitness Center enrolled 130 children.

PROGRESS REPORT

Thomas Hospital and North Baldwin Infirmary, Baldwin County

Objective: Host Spring Fever Chase and Christmas Fest Run, community events, hosted and sponsored by Infirmary Health to involve the community in race events.

Activity Accomplishments:

- Spring Fever Chase
 - For 37 years, this 10K run and 2-mile fun run/walk, takes the runners and walkers on a beautiful and challenging course through the neighborhoods of Fairhope, overlooking Mobile Bay. More than 2,300 people participated annually.

- Christmas Fest Run
 - This event consisted of a 5K run and 1-mile fun run/walk through the beautiful city of Bay Minette.

Impact:

- Spring Fever Chase
 - More than 2,300 people participate in this event annually.

- Christmas Fest Run
 - In 2013, more than 160 people participated.

PROGRESS REPORT

Thomas Hospital and North Baldwin Infirmary, Baldwin County

Priority Area 2: Diabetes related education and support

Objective: Infirmary Health diabetes and resource department to engage community.

Activity/Accomplishments:

- Diabetes related education and support
 - Diabetes Center continued to expand and advance diabetes education and care with seven employees engaging the community. This center is directed by a board-certified endocrinologist, a doctor specialized in treating diabetes and staffed by registered dietitians and registered nurses who are also certified diabetes educators. The center provides both individual and group education sessions designed to meet patient's specific needs.

Impact:

Community engagement

	Screenings, Health Fairs, Public Lectures	Total Attendees	Total Hours	Total FTE's in Department
FY 2012 - 2013	39	1,241	190	6.4
FY 2013 - 2014	24	306	76.5	3.4
FY 2014 - 2015	18	280	63.5	3.25

PROGRESS REPORT

Thomas Hospital and North Baldwin Infirmary, Baldwin County

Priority Area 3: Affordable healthcare for the indigent/need

Objective: Continue Infirmary Health's community benefit funding.

Activity/Accomplishments:

- 2013-2015 funding
 - Infirmary Health's charity care for Baldwin County was \$9,796,746.00.

Impact:

Thomas Hospital Volume

	CY 2013	CY 2014	CY 2015
Inpatients	48	79	78
Outpatients	366	561	511

North Baldwin Infirmary Volume

	CY 2013	CY 2014	CY 2015
Inpatients	16	28	35
Outpatients	216	458	313

PROGRESS REPORT

Thomas Hospital and North Baldwin Infirmary, Baldwin County

Priority Area 4: Cancer education and support

Objective: Development of the cancer outreach and education committee for Baldwin County.

Activity/Accomplishments:

- Annual funding
 - Committee established
 - Cancer outreach and education committee helps expand and advance cancer education, support and screenings

Impact:

Community engagement

	Number
Education	4
Off-campus screenings	1
Support groups	36
Health fairs	37

2013 -2015 COMMUNITY HEALTH IMPLEMENTATION STRATEGY PROGRESS REPORT

Mobile Infirmery and Infirmery LTAC Hospital, Mobile County

Priority Area 1: Good nutrition, obesity prevention

Objective: The iHealthy program will target both our employees and our community to improve the awareness of fitness/wellness in both groups.

Activity/Accomplishments:

- iHealthy
 - iHealthy is a comprehensive corporate wellness program that brings Infirmery Health's high quality care and professionalism to the workplace. From health screenings to monthly lunch and learn programs, we work to help you maintain a healthy corporate community. A department of five employees is dedicated to promoting health and wellness.
 - Internal: Employees are provided with access to a wellness portal to assist with dietary needs and lifestyle modification which include Life Balance classes, wellness coaches, chronic care management and biometric screening. Employee and family participation is approximately 60% from Mobile County and 40% from Baldwin County.
 - External: Biometric screenings were conducted for nine external clients in Mobile County.

2013 -2015 COMMUNITY HEALTH IMPLEMENTATION STRATEGY PROGRESS REPORT

Mobile Infirmary and Infirmary LTAC Hospital, Mobile County

Priority Area 1: Good nutrition, obesity prevention

Impact:

Internal

Number of employees who joined IH Wellness Program

	Number	Percent
Employee	1,998	66%
Spouses	154	17%

External

Biometric screening completed:

Mobile County

- N-tron/Red Lion - 33 employees
- Cooper T's - 41 employees
- Austal – 1,239 employees
- Evonik – 412 employees
- Daily Access – 74 employees
- Overseas Hardwood = 75 employees
- MAWSS – 168 employees
- Navigator Credit Union – 15 employees
- Lenzing Fibers – 72 employees

PROGRESS REPORT

Mobile Infirmery and Infirmery LTAC Hospital, Mobile County

Objective: Program developed to target obese and overweight children in our community.

Activity/Accomplishments:

- Operation FitKids
 - The Operation FitKids program is based on American College of Sports Medicine (ACSM) and American Council of Exercise (ACE) guidelines for daily exercise for children.
 - 105 children participated in the after school program. Students participating in Operation FitKids are referred by a physician.
 - The curriculum is a public service offered by ACE.

Impact:

- Operation FitKids is an eight-week program that educates children and their families on the benefits of regular physical activity and proper nutrition. ProHealth Fitness Center hosts two eight-week sessions and a one-week summer camp annually.
- ProHealth Fitness Center enrolled 105 children in their program and hosted numerous obstacle courses and runs engaging overweight children in physical fitness.

PROGRESS REPORT

Mobile Infirmery and Infirmery LTAC Hospital, Mobile County

Priority Area: Good nutrition, obesity prevention

Objective: Duathlon is a community race hosted and sponsored by Infirmery Health on our campus. Encouraging exercise for all ages.

Activity/Accomplishments:

- Infirmery Duathlon
 - The event begins with a two-mile run before competitors mount their bicycles for a 10-mile course. The race concludes with a final two-mile run. A two-mile run is also available for those who enjoy a more leisurely pace.

Impact:

Duathlon Participants

Duathlon	Adults	IH volunteers
2012	356	150
2013	375	100
2014	425	100
2015	368	75

PROGRESS REPORT

Mobile Infirmery and Infirmery LTAC Hospital, Mobile County

Priority Area 2: Diabetes related education and support

Objective: Infirmery Health Diabetes Education and Resource department to engage community.

Activity/Accomplishments:

- Diabetes related education and support
 - Diabetes Education and Resource Center continued to expand and advance diabetes education and care with seven employees engaging the community. This center is directed by a board-certified endocrinologist, a doctor specialized in treating diabetes and staffed by registered dietitians and registered nurses who are also certified diabetes educators. The center provides both individual and group education sessions designed to meet patient’s specific needs.

Impact:

Community engagement

	Number
Education	9
Health fairs	16

PROGRESS REPORT

Mobile Infirmery and Infirmery LTAC Hospital, Mobile County

Priority Area 3: Affordable healthcare for the indigent/need			
Objective: Continue Infirmery Health's community benefit funding.			
Activity/Accomplishments: <ul style="list-style-type: none">▪ 2013-2015 funding<ul style="list-style-type: none">○ Infirmery Health's charity care for Mobile County was \$17,915,919.00			
Impact:			
Mobile Infirmery Volume			
	CY 2013	CY 2014	CY 2015
Inpatients	199	318	223
Outpatients	614	914	848
Infirmery LTAC Hospital Volume			
	CY 2013	CY 2014	CY 2015
Inpatients	-	1	1
Outpatients	-	0	77

PROGRESS REPORT

Mobile Infirmery and Infirmery LTAC Hospital, Mobile County

Priority Area 4: Cardiac-related education and support

Objective: Education for the patient and family on heart failure.

Activity Accomplishments:

- Congestive Heart Failure Clinic.

- The Heart Failure Program allows a patient and family to receive education about heart failure and how to manage their condition. The patient's condition is evaluated and medications are reviewed during each visit. Medications are adjusted based on the physician's orders, and the nurse monitors the patient's response. Intravenous (IV) medications are available when needed. Participation in the Heart Failure Program at Mobile Infirmery is by physician referral.

Impact:

- Approximately 1% of Congestive Heart Failure Clinic patients received charity care.

PROGRESS REPORT

Mobile Infirmery and Infirmery LTAC Hospital, Mobile County

Objective: Education on healthy lifestyle modifications post heart intervention.

Activity/Accomplishments:

- Bounce Back Program
 - Mobile Infirmery's Operation Bounce-Back (OBB) offers medically supervised exercise, education and counseling to patients with cardiovascular diseases. The program assists them in leading productive and active lives. Operation Bounce-Back is one of the first cardiac rehabilitation programs in the State of Alabama. Bounce-Back patients attend three exercise sessions a week. Depending on the prescribed routine, these sessions may include walking on an indoor track, workouts in the exercise room or supervised aquatics class. Patients receive information on nutrition, smoking, stress, obesity and other risk factors. OBB is certified by American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) and also provides an Outpatient Pulmonary Rehabilitation Program.

Impact:

Bounce Back Participation

- Less than 1% of the Bounce-Back Program participants receive charity care.